

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 08, 2002 8:00 am  
Secretary of State

04-08-2002 90065 014 \*\*\*\*61.25

0047047

DOCUMENT # 748541

1. Entity Name

SOUTH POINTE VILLAS CONDOMINIUM PHASE II, ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THE MANAGEMENT CONNECTION INC  
8270 COLLEGE PKWY STE 103  
FT. MYERS FL 33919

C/O THE MANAGEMENT CONNECTION INC  
8270 COLLEGE PKWY STE 103  
FT. MYERS FL 33919  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1971830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDEN, ARLENE A  
C/O THE MANAGEMENT CONNECTION INC  
8270 COLLEGE PKWY #103  
FORT MYERS FL 33919

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LOUBIER, SHIRLEY  
STREET ADDRESS 6300 SOUTH POINTE BLVD #223  
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME GARRETT, GLENN  
STREET ADDRESS 6300 SOUTH POINTE BLVD #235  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME GOMES, SELWYN  
STREET ADDRESS 6300 S. PT BLVD 217  
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE STD  
NAME GOMES, SELWYN  
STREET ADDRESS 6300 SOUTH POINTE BLVD #217  
CITY-ST-ZIP FORT MYERS, FLORIDA 33919 ☒ Change ☐ Addition

TITLE D  
NAME SHANNON, PAULINE  
STREET ADDRESS 6300 S POINTE BLVD #218  
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME NADBATH, FRANK  
STREET ADDRESS 6300 SOUTH POINTE BLVD #215  
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Shirley A. LOUBIER  
Shirley A. Loubier 239-415-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)